Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

BD-007B Attorney Docket Number DECLARATION FOR UTILITY OR Kerstin Willmann First Named Inventor **DESIGN** COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** Sept. 21, 1999 (IA File Date) Filing Date Declaration □ Declaration **Group Art Unit** OR Submitted after Initial Submitted Filing (surcharge with Initial (37 CFR 1.16 (e)) **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
A FLOW CYTOMETRIC, WHOLE BLOOD DENDRITIC CELL IMMUNE FUNCTION ASSAY										
the specification of which (Title of the Invention)										
is attached hereto										
OR was filed on (MM/DD/YYYY) 09/21/1999 as United States Application Number or PCT International										
Application Number PCT/US99/21731 and was amended on (MM/DD/YYYY) 10/06/2000 (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or invertor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application	rior Foreign Application Foreign Filing Date Priority Certified Copy									
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
			0000	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (MW/DD/YYYY)										
			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)

us sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

I hereby claim the	he benefit	under 35 U.S.C. listed below and	120 of	any United Sta	ites appi	ication(s), or 38! ch of th	5(c) of	any PCT	internat	tional ac	oplication designot disclosed in	nating the	
United States or information which and the national	r PCT Inter th is mate t or PCT in	mational applicational to patentabilitiernational filing of	on in to y as d late of	he manner pro lefined in 37 C this application	vided by FR 1.56 n.	the first which b	paragra ecame :	ph of t	le betwe	. 112, 1 a en the fi	icknowi	e of the prior	application	
U.S. Parent Application or PCT Parent Number					rent F	•				nt Patent No If applicabl				
09/158,406					09/	09/22/1998								
		T international ap												
As a named inventor, I hereby appoint the following registered practitioner(and Trademark Office connected therewith: Customer Number OR				00	003897				Place Customer Number Bar Code					
****	Registered practition Registration				s) name) name/registration number lis					Regis	tration		
Thomas Mark Pro	Schned	ik 3			,518 ,788			David M. Schneck Gina McCarthy				43,094 42,986		
John P. McGuire, Jr. 41,984 Madditional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto. Direct all correspondence to: Customer Number 003897 OR Correspondence address below														
Name	Thon	nas Schneck												
Address	P.O.	Box 2-E												
Address	San	Jose					State CA			ZIP	95109-0005			
Country	USA						97-9733				408/297-9748			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of S	ole or F	irst Inventor:					A petit	ion h	as been	filed fo	r this u	Insigned inve	entor	
Given Name (first and middle [if anyi)				_	Family Name or Surname									
Kerstin		11111111					Willmann							
Signature		Uster Hell maur				<u> </u>						Date	04070	
Residence:	City	Sunnyvale State CA				Country U.S.A. Citizenship Germa							Germa	
Post Office	Address	517 Hope Terrace #1									· · · ·			
Post Office	Address			1 -	- 				· · · · · · · · · · · · · · · · · · ·				·- 	
City		Sunnyvale	State	CA		ZIP	94087	7		Cou	untry	U.S.A.		
Addition	al invento	rs are being na	med (on the 1 s	upplem	ental A	ddition	al Inve	entor(s)	sheet(s) PTO	/SB/02A atta	ched here	

sign (+) inside this box > + + Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

The same of the sa	The state of the s	_			-						
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])						Family Nar	me or Su	umame			
John F.				Dunne							
Inventor's Signature	001		_	4		שלים / טונים Date	U7/U/UV Date				
Residence: City	Pleasanton	State	CA		Country	USA		Citizenship	, l	JSA	
Post Office Address	6928 Calle Altamira										
Post Office Address											
City	Pleasanton	State	CA		ZIP	94566	Country	USA			
Name of Additional Joint Inventor, if any:											
Given Na	me (first and middle [if any])			1		Family Na	ime or S	Sumame			
Inventor's Signature								Date			
Residence: City		State	<u></u>		Country	,		Citizens	hip		
Post Office Address											
Post Office Address											
City		State	e		ZIP		Coun	ntry			
Name of Additio	Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any])						Family Na	ame or S	Sumame			
Inventor's Signature											
Residence: City		State	;		Country Citizensi						
Post Office Address											
Post Office Address											
City		State			ZIF	a		Country			
	Application of the Principle of the Prin										

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED—FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Patent Application

Applicant(s): Willmann, K. and Dunne, J.

Docket No.

P-4298.P1C1

Serial No.:

Group Art Unit:

Filing Date:

Examiner:

For:

A Flow Cytometric, Whole Blood Dendritic Cell Immune Function

Assay

APPOINTMENT OF POWER OF ATTORNEY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450,

Sir:

I hereby appoint the Practitioners at Customer Number 26253 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I am the Assignee of record of the entire interest. A Statement under 37 CFR 3.73(b) is enclosed.

Respectfully submitted,

August 4, 2003

Date

David W. Highet,

Assistant Secretary

Becton, Dickinson and Company

1 Becton Drive

Franklin Lakes, NJ 07417